Pets at Peace
HOME HOSPICE AND EUTHANASIA
Mobile Veterinary Services

Your name(s):_____

Address: _____

City: _____ State_____ Zip Code _____

Phone Number: _____ Email Address: _____

Pet's Name: _____ Dog ☐ Cat ☐ Other ☐ _____

Pet's Breed: _____ Male ☐ Female ☐ Spay/Neuter? ☐Yes ☐ No

Pet's Weight: _____ Age: _____ Color(s):_____ Condition: _____

Aftercare Request

I request that my pet's body be (check one):

☐ Left with me. I assume full responsibility for the disposition of the body whether by burial or cremation. I understand that burial may be prohibited in my area by law, ordinances and subdivision restrictions.

☐ Communal Cremation –Ashes **Will NOT** be returned to me.

☐ Private Cremation – Ashes and one paw print **WILL BE** returned to me.

Euthanasia Request/Release

By my signature below, I certify that I am the legal owner, or authorized agent of the owner, of the pet described above, and that I am 18 years of age or older. I authorize Dr. Lide Doffermyre to humanely euthanize this pet and understand that **loss of life** will result. I forever release and hold harmless Dr. Doffermyre, Pets at Peace Home Hospice and Euthanasia and any authorized agents, staff, or representatives from any and all liability for euthanasia and/or disposal of my companion animal.

_____ _____

Signature Date

Rabies Status

To the best of my knowledge, I certify that this pet has not bitten any person or animal in the past 10 days and has not been exposed to Rabies. I understand that a rabies test must be done if either condition is present.

_____ _____

Signature Date

OVER ⇨

Dr. Lide Doffermyre (910) 805-4500 Fax (866)512-5937 DrD@PetsatPeace.vet www.PetsatPeace.vet

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Pets at Peace will notify your regular veterinarian so that the medical records can be updated. This will prevent their office from sending reminder cards or marketing information to you. A Certificate of Euthanasia will be mailed directly to you that you may use as validation for animal control, taxes and pet insurance purposes.

Veterinarian's Name: _____

Clinic/Hospital Name: _____

Clinic/Hospital Phone #: _____

How did you hear about Pets at Peace? _____

FOR OFFICE USE ONLY

Not _____ **Ref** _____

Fax _____ **Sur** _____

Inv _____ **Sym** _____

Cre _____ **Euc** _____

Loc _____ **Dis** _____

RX _____ **TOD** _____

RX _____ **PTN** _____

Doctor's Signature _____ **Date** _____

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